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County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

January 27, 2014

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

HUMAN SEX TRAFFICKING

On September 24, 2013, a Board motion introduced by Supervisors Ridley-Thomas and Knabe was approved to establish a countywide multi-agency response model to combat the sex trafficking of children in Los Angeles. The Board directed the Chief Executive Officer to coordinate with the Sex Trafficking Task Force and the Departments of Probation, Children and Family Services (DCFS), Public Social Services (DPSS), Mental Health (DMH), Public Health (DPH), Health Services (DHS) and Sheriff to create a countywide response model and to report back in ninety days with a model and implementation plan.

Currently, Probation and DCFS have been working with the CEO to develop an implementation plan which will include first responder protocols and best practices by the end of the first quarter of 2014. A status update on this effort will be provided to the Board by June 1, 2014.

If you have any questions, please contact Antonia Jiménez at ajimenez@ceo.lacounty.gov, or at (213) 974-7365.

WTF:AJ
VD:gj

- c: Executive Office, Board of Supervisors
- Children and Family Services
- County Counsel
- Health Services
- Mental Health
- Probation
- Public Health
- Public Social Services
- Sheriff

Human Sex Trafficking.bm

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WILLIAM T FUJIOKA
Chief Executive Officer

May 29, 2014

To: Supervisor Don Knabe, Chairman
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Michael D. Antonovich

From: William T Fujioka
Chief Executive Officer

Board of Supervisors
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ESTABLISH A COUNTYWIDE MULTI-AGENCY RESPONSE MODEL TO COMBAT THE SEX TRAFFICKING OF CHILDREN IN LOS ANGELES (ITEM 32-D, AGENDA OF SEPTEMBER 24, 2013)

On September 24, 2013, a motion directed the Chief Executive Officer (CEO) to coordinate with the Sex Trafficking Task Force and the Departments of Probation, Children and Family Services (DCFS), Public Social Services, Mental Health, Public Health, Health Services (DHS) and Sheriff to create the Los Angeles County multi-agency response model to address the sex trafficking of children and to report back in 90 days with a model and implementation plan.

In November 2012, the Board established the Sex Trafficking Task Force led by Probation and DCFS. The Board charged the Task Force with creating a Countywide interagency response model to assist Commercially Sexually Exploited Children (CSEC), which includes the collection of data and provision of training to all agencies who serve these youth. Probation and DCFS have created a First Responder Protocol and an implementation plan for a victim-centered, multi-agency response model within the County. The First Responder Protocol will serve as the blueprint to guide law enforcement, County agencies, and community-based partners on appropriate steps to take within the first 72 hours of interfacing with an identified or suspected victim of child sex trafficking.

The First Responder Protocol will be operated within two pilot areas: Compton and Long Beach. After a law enforcement officer within these two areas identifies a suspected CSEC youth:

- The law enforcement officer calls the Child Protection Hotline (CPH) to report the suspected abuse, and provides the CPH worker with the location of a staging area, the designated area where the multidisciplinary team (MDT) will convene.
- The CPH worker initiates a CSEC Expedited Form and notifies the Probation Child Trafficking Unit (CTU) or the DCFS Multi-Agency Response Team (MART) that a CSEC youth has been identified. The CPH will determine the agency to contact depending on which has jurisdiction over the child.

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- CTU or MART notifies the advocacy agency and arrives at the staging area within 90 minutes to lead the MDT. The MDT includes the youth, MART and/or CTU, advocate, and any other individuals the MDT decides needs to be involved. The MDT plans for the child's safety, schedules an appointment for the CSEC youth at the DHS Medical Hub within 72 hours from the time the youth has been identified, and determines the appropriate placement for the youth. The MDT also arranges for the youth's transportation to the placement and any appointments needed, and schedules a follow-up MDT.
- Youth who can return home are returned to their families. If the youth cannot return home, they are placed in a Status Offender Detention Alternative/Probation Alternative to Detention (SODA/PAD) bed. The SODA/PAD beds are temporary housing that will be available and dedicated for CSEC youth in the pilot area to stay in for up to 30 days. For youth staying in a SODA/PAD bed, the advocate stays with them as determined by the MDT.
- Regardless of placement type, the advocate is also responsible for ensuring the youth's basic needs are met, participating in the MDT, and providing other advocacy services to the youth as needed for up to 90 days.

The attached documents outline the proposed First Responder Protocol and implementation plan (Attachments I and II).

The First Responder Protocol is on track for implementation to begin in Summer 2014. Prior to implementation, DCFS and Probation, as well as other key County agencies and community-based partners, will:

1. Develop protocols on information and data sharing agreements;
2. Create a procedure to obtain consent for medical and mental health treatment and authorization to share information;
3. Form a multi-disciplinary team with all of the participating agencies and establish an Operational Agreement;
4. Negotiate necessary changes to the existing SODA/PAD bed agreement;
5. Modify or amend existing agreements with partners, and/or create new contracts; and
6. Form a multi-agency review team to monitor the progress of implementation.

The immediate focus will be on specific training on CSEC and on the First Responder Protocol for personnel within DCFS, DHS, DMH, and Probation, as well as the advocates, SODA/PAD bed providers, and law enforcement involved in the Protocol. DCFS and Probation will report

Each Supervisor
May 29, 2014
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back to the Board on the progress of the Protocol's implementation after it has been operational for three months.

In order to provide adequate support to the identified CSEC victims, Probation is requesting \$150,000 in one-time funding to amend an existing Delegated Authority Agreement with Saving Innocence. These monies will be used to cover three additional specialized advocates that will provide, as mentioned above, immediate, 24-hour response, which includes accompanying the youth to a DHS Medical Hub for immediate assessment, addressing the youth's physical needs of food and clothing during the first 72 hours, as well as providing additional advocacy services for the first 90 days after they are identified as a potential CSEC youth. Probation is also requesting \$73,535 in one-time funding to create a searchable web portal through the County's 211 information and referral system that would provide CSEC youth and service providers working with these youth access to a catalog of CSEC specific services Countywide. These requests will be addressed in Probation's fiscal year 2014-15 final changes.

If you have any questions or need additional information, please contact me, or your staff may contact Antonia Jiménez at (213) 974-7365, or via e-mail at ajimenez@ceo.lacounty.gov.

WTF:AJ
CDM:MP:eb

Attachments (2)

c: Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Health Services
Mental Health
Probation

BM_Sex Trafficking_May_2014.doc

Los Angeles County Commercially Sexually Exploited Children (CSEC) First Responder Protocol – Law Enforcement Summary

The proposed first responder protocol reflects Los Angeles County's commitment to treating commercially sexually exploited children (CSEC) as victims of child abuse and human trafficking, rather than criminalizing them as delinquents. It reflects an understanding that CSEC have experienced and been exposed to severe violence, threats, and trauma. The first responder protocol will guide the following child-serving agencies on their roles and responsibilities for responding when they encounter suspected or identified victims of commercial sexual exploitation and the subsequent steps they must take within the first 72 hours to address their immediate and ongoing needs. The County will begin its CSEC response by piloting a protocol with law enforcement agencies within two areas with increased incidences of prostitution and related arrests—Compton and Long Beach.

The county agencies listed below will enter into an agreement to allow for the creation of a multidisciplinary team (MDT) under Welfare and Institutions Code Section 18961.7 to investigate suspected child abuse and make placement decisions when a child is suspected or identified as being sexually exploited.¹

A Multi-Agency Review Team will be formed and will meet monthly to discuss new cases, assess the effectiveness of the protocol, identify challenges and barriers, implement any necessary changes to the protocol, and continually evaluate the sufficiency of resources. Quarterly, the Review Team will submit a report to the Board of Supervisors describing how implementation is progressing, proposing expansions of the protocol, and requesting additional resources to accommodate any demand.

The following agencies each play a key role in coordinating the county's response for CSEC:

- **Law Enforcement (LASD – Compton Station & Long Beach PD)**
- **Department of Children and Family Services**
- **Probation Department**
- **Advocacy Agency**
- **Department of Health Services**
- **Department of Mental Health**
- **Status Offender Detention Alternative/ Probation Alternative to Detention (SODA/PAD) Providers/ Emergency Shelter Staff**

The following steps will take place upon interfacing with a child identified or suspected to be a victim of commercial sexual exploitation:

1. **Law Enforcement**
 - a. Conduct initial investigation per internal protocols.
 - b. Assess urgency of medical needs.

¹ Cal. Welf. & Inst. Code § 18961.7(a).

- i. Determine whether sexual assault has occurred.
 - c. Contact parent, guardian, or caregiver. Notify child has been stopped and provide location of staging area.
 - d. Transport child to staging area (either Police Station or Hospital – depending on medical need).
 - e. Report suspected abuse to DCFS Child Protection Hotline.
 - i. Use triggering language (Human Trafficking/CSEC), provide staging area location, and specify name of law enforcement agency.
 - f. Decide whether to detain the child. If yes, transport to detention.
 - g. Participate in MDT meeting led by DCFS Multi-Agency Response Team (MART) or Probation's Child Trafficking Unit (CTU).
 - h. Conduct any follow up investigation.
2. Department of Children and Family Services – Child Protection Hotline
- a. Flag as “Sexually Exploited Child-CSEC” under Special Projects Code.
 - b. Determine whether case is located in Pilot area (If yes, follow steps c through f)
 - i. Incident occurred in Compton or Long Beach, OR LASD Compton or Long Beach P.D. makes the referral.
 - c. Initiate CSEC Expedited Form.
 - d. Cross-reference Probation Case Management System (PCMS).
 - e. Determine which agency to contact (MART or CTU).
 - i. If the child is under DCFS jurisdiction; or under dual jurisdiction and DCFS is the lead agency; or is unknown to either DCFS or Probation:
 - 1. Notify MART and request presence at staging area within 90 minutes.
 - 2. Send email notification to existing social worker, if there is one.
 - ii. If the child is under Probation jurisdiction or is under dual jurisdiction and Probation is the lead agency:
 - 1. Notify CTU and request presence at staging area within 90 minutes.
 - f. Complete CSEC Expedited Form and distribute to responding agency (MART/CTU).
3. Department of Children and Family Services Multi-Agency Response Team (MART)
- a. Respond to the staging area within 90 minutes from contact by the DCFS Hotline.
 - b. Notify Advocacy Agency upon receiving call from DCFS Hotline.
 - c. Lead an MDT meeting at the staging area with the Advocate, law enforcement officer, child, and parent/guardian (if present).
 - d. Arrange for transportation to decided-upon placement.
 - e. Initiate DCFS required assessment and investigation (follow standard protocol).
 - f. Ascertain whether parent/guardian and child are willing to accept DCFS voluntary services.
 - g. Administer the Mental Health Screening Tool (MHST) prior to DHS Hub visit.
 - h. Coordinate with Advocate and other applicable parties to organize a follow-up MDT.
4. Probation Department
- a. Respond to the staging area within 90 minutes from contact by the DCFS Hotline.
 - b. Notify Advocacy Agency upon receiving call from DCFS Hotline.

- c. Lead an MDT meeting at the staging area with the Advocate, law enforcement officer, child, and parent/guardian (if present).
- d. Contact DCFS MART unit if there is any indication of neglect or child abuse.
- e. Arrange for transportation to decided-upon placement.
- f. Coordinate with Advocate and other applicable parties to organize a follow-up MDT.
- g. If youth detained, notify intake detention center at juvenile hall to initiate Probation Response

5. Advocacy Agency

- a. Respond to staging within 90 minutes of receiving call from MART or CTU.
- b. Engage the child using best practice approaches.
 - i. Explain process and provide child with materials about confidentiality and his/her rights.
- c. Ensure the child's basic needs are met.
- d. Provide advocacy services.
- e. Participate in MDT at the staging area with MART/CTU, law enforcement, the child, and parent/guardian (if present).
- f. Depending on the placement decision at the MDT, remain with child for the first 72 hours after responding to the staging area (SODA/PAD) or follow up the next day at child's home or the placement to which the child was returned.
- g. Coordinate the follow up MDT as the child stabilizes.
- h. Provide advocacy services for 90 days – case management, crisis stabilization, etc.
- i. Make appropriate referral if ongoing case management is necessary.

6. SODA/PAD Beds/ Emergency Shelter Beds

- a. Provide temporary housing and supervision to CSEC for up to thirty days.
- b. Arrange additional, overnight staff when CSEC placed in home.
- c. Participate in the MDT.

7. Department of Health Services Medical Hub

- a. Create expedited access to medical appointments at the DHS Medical Hub to ensure CSEC are seen within 72 hours of identification.
- b. Conduct full medical evaluation for sexual, physical and emotional abuse and neglect
- c. Complete comprehensive medical evaluation to treat urgent and non-urgent medical needs.
- d. Provide reproductive health services including contraception, pregnancy testing, and testing and treatment for sexually transmitted infections and HIV.
- e. Coordinate with MART/CTU and advocate to arrange follow-up medical treatment.

8. Department of Mental Health

- a. Conduct appropriate mental health assessments.
- b. Provide service linkage to appropriate mental health services based on MHST and assessment results.
- c. Provide referral information to MART/CTU, Advocate, parent/guardian, and child.
- d. Participate in follow-up MDT as necessary.

Los Angeles County Commercially Sexually Exploited Children (CSEC)

First Responder Protocol – Law Enforcement

Protocol

The proposed first responder protocol reflects Los Angeles County's commitment to treating commercially sexually exploited children (CSEC) as victims of child abuse and human trafficking, rather than criminalizing them as delinquents. It reflects an understanding that CSEC have experienced and been exposed to severe violence, threats, and trauma. The first responder protocol will guide the following child-serving agencies on their roles and responsibilities for responding when they encounter suspected or identified victims of commercial sexual exploitation and the subsequent steps they must take within the first 72 hours to address their immediate and ongoing needs.

First responders include more than law enforcement officers. Emergency department physicians and nurses and other medical staff are also on the front lines and identify CSEC. However, the County will begin its CSEC response by piloting a protocol with law enforcement agencies within two areas of increased incidence of prostitution and related arrests—Compton and Long Beach.

The county agencies listed below will enter into an agreement to allow for the creation of a multidisciplinary team (MDT) under Welfare and Institutions Code Section 18961.7 to investigate suspected child abuse and make placement decisions when a child is suspected or identified as being sexually exploited.¹ The MDT members will include: the Department of Children and Family Services' Multi Agency Response Team (MART); law enforcement from the pilot area, specifically Long Beach Police Department and Los Angeles Sheriff Department's Compton Station; an advocacy agency; the Probation Department's Child Trafficking Unit (CTU); the Department of Health Services; the Department of Mental Health; the child's attorney (if available); and the child.² Parents, foster parents, group home/emergency shelter staff, SODA/PAD providers, and other caregivers may be a part of the MDT pursuant to Welfare & Institutions Code Section 18964(b).³

The following agencies each play a key role in coordinating the county's response for CSEC:

- **Law Enforcement**
 - Los Angeles County Sheriff's Department - Compton Sheriff's Station
 - Long Beach Police Department
- **Department of Children and Family Services**
 - Child Protection Hotline
 - Multi-Agency Response Team (MART)
- **Probation Department**

¹ Cal. Welf. & Inst. Code § 18961.7(a).

² Cal. Welf. & Inst. Code § 18961.7(b)(1-2)(1) ("Child abuse multidisciplinary personnel team" means any team of two or more persons who are trained in the prevention, identification, or treatment of child abuse and neglect cases and who are qualified to provide a broad range of services related to child abuse.")

³ Cal. Welf. & Inst. Code § 18964(b) ("The caregiver of the child and, in the case of an Indian child, the child's tribe shall be permitted to provide information about the child to the multidisciplinary personnel team that will be considered by the team and to attend meetings of the multidisciplinary personnel team, as deemed appropriate by the team, without becoming a member of the team.")

- Child Trafficking Unit (CTU)
- **Advocacy Agency**
 - CSEC Advocacy Agency (To Be Determined)
- **Department of Health Services**
 - Emergency Departments
 - Medical Hub (Partnership with DMH and DCFS)
- **Department of Mental Health**
 - Specialized Foster Care staff at DHS Medical Hub
- **Status Offender Detention Alternative/ Probation Alternative to Detention (SODA/PAD) Providers/ Emergency Shelter Staff**
 - SODA/PAD Beds specially trained for CSEC
 - Emergency Shelter (if no CSEC SODA/PAD beds available)

The new CSEC first response will include ongoing multi-system collaboration to ensure the effectiveness of the First Responder Protocol through the creation of the Los Angeles County CSEC Multi-Agency Review Team. The Review Team will be a subgroup of a larger Los Angeles County Child Trafficking Task Force, which is in the process of being created. The Review Team will meet monthly to discuss new cases, assess the effectiveness of the protocol, identify challenges and barriers, implement any necessary changes to the protocol, and continually evaluate the sufficiency of resources. Quarterly, the Review Team will submit a report to the Board of Supervisors describing the progress, proposing expansions of the protocol, and requesting additional resources to accommodate the demand.

I. Roles & Responsibilities

A. Law Enforcement

Law enforcement officers come across potential victims of commercial sexual exploitation in a variety of settings including: observing a minor engaged in solicitation while on patrol, while executing a warrant on a separate matter, late in the evening in an area known for prostitution, planned operations, etc. CSEC have suffered extreme trauma and violence, and are often triggered while interacting with authorities. Law enforcement officers will be familiar with the signs of commercial sexual exploitation, engagement strategies, and de-escalation techniques for this population. When an officer suspects or identifies that a child may be a victim of commercial sexual exploitation, the officer is responsible for engaging the child despite his/her initial, potentially combative, demeanor. As a mandated reporter, the law enforcement officer must report the known or suspected abuse to the DCFS Child Protection Hotline.⁴ Law enforcement has the authority to take a youth into temporary custody if the officer has reasonable cause to believe the child: 1) is a victim of abuse or neglect or is at risk of immediate physical or sexual abuse; 2) has violated the law, run from a placement, or violated an order of the juvenile court; or 3) is under the age of 18 years and is on a street or in a public place suffering from any sickness or injury which requires care, medical treatment, hospitalization, or other remedial care.⁵ The law enforcement agency is responsible for transporting the child to the police station or the hospital, if there is a medical need

⁴ See Cal. Penal Code §§ 11165.1, 11166(a).

⁵ Cal. Welf. & Inst. Code § 305; Cal. Welf. & Inst. Code § 625.

(hereafter both will be referred to as “staging area”). The officer is expected to provide input in an MDT meeting with MART/ CTU, and the Advocate at the police station or the hospital.

Procedural steps law enforcement must take:

1. Be familiar with the signs/symptoms of commercial sexual exploitation and engage any suspected CSEC using best practice approaches.
2. Conduct initial investigation per internal protocols, including, but not limited to:
 - a. Notice to investigating officer
 - i. Long Beach: This occurs automatically in Long Beach (VICE).
 - ii. Sheriff: Notification to Vice Lieutenant and/or Vice Sergeant under certain circumstances pursuant to department protocols as described in L.A. County Sheriff's Department Newsletter Volume 12, Number 09, dated December 20, 2012.
 - b. Assess the urgency of medical needs:
 - i. If there is evidence of a sexual assault, follow Department protocols. The law enforcement agency that picked up the youth is responsible for transporting the youth and requesting a forensic exam.
 - A. Child must be taken to the emergency room or Sexual Assault Response (SAR) site as soon as possible if:
 1. There was genital-genital or genital-mouth contact between the suspect and the child in the last 72 hours. HIV post-exposure medication is ideally given within the first 36 hours but must be given within 72 hours.
 2. There was unprotected genital-genital contact within the past 5 days. Emergency contraception is most effective in the first 3 days but can be given up to 5 days after the event.
 3. The child appears to need immediate treatment for any other reason.
 - c. If the youth identifies the trafficker, the officer may file for an Emergency Protective Order.⁶
 - d. If the child is 10 years of age or older, the officer shall advise him or her of the right to make two phone calls, except where physically impossible. One call will be to a parent, guardian, or responsible relative; and the other call will be to an attorney.⁷
 - e. If the child reports that he or she is above 18, but there is some indication that youth is a minor, follow department protocol to ascertain the child's real age.
 - f. If investigation uncovers other potential crimes/offenses:
 - i. For misdemeanors: After engaging the child, law enforcement will use discretion to decide whether to detain.
 - ii. For felonies: If the child is 14 years of age or older and is taken into custody for the personal use of a firearm in the commission or attempted commission of a felony or any offense listed in Welf. & Inst. Code § 707(b), then law enforcement must detain the child.⁸
 - g. Contact child's parent, guardian or caregiver and notify that child was stopped.

⁶ Cal. Family Code §6250.

⁷ Cal. Welf. & Inst. Code §308(b).

⁸ Cal. Welf. & Inst. Code § 625.3.

Determine whether child may be able to return home. Notify parent of staging area location.⁹

- h. If the officer takes the child into temporary custody because the officer has reasonable cause to believe the child falls under Welf. & Inst. Code §601 or 602, or that the child has violated an order of the juvenile court or escaped from any commitment ordered by the juvenile court, the officer shall advise the child that anything he or she says can be used against him. The officer will also advise the child of his or her constitutional rights, including the right to remain silent, the right to have counsel present during any interrogation, and the right to have counsel appointed if he or she is unable to afford counsel.¹⁰
3. Report suspected abuse to the DCFS Child Protection Hotline.
 - a. Use specified triggering language (**HUMAN TRAFFICKING/CSEC** and identify reporting law enforcement agency (L.A. County Sheriff - Compton Station or Long Beach Police Department)).
 - i. Provide location of the staging area, where the child will be in one hour from the call.
4. Transport to staging area: the police station or the hospital, if medically necessary.
5. Interface with DCFS's Multi-Agency Response Team (MART) or the Probation Department's Child Trafficking Unit (CTU), and the Advocate at the staging area.
6. Participate in MDT meeting led by either MART or CTU, if necessary.
7. Alert MART/CTU and the Advocate as soon as the child can be released from police station so that they can transport him or her to the decided upon placement.
8. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.¹¹

B. Department of Children and Family Services – Child Protection Hotline

The Child Protection Hotline has been receiving reports of commercial sexual exploitation, but has not had a formal protocol to address these calls. This protocol creates a specific CSEC Expedited Response when: 1) a law enforcement officer reports a suspected CSEC/human trafficking victim (triggering language) within the Compton or Long Beach areas, or 2) either the L.A. County Sheriff's Department - Compton Station or the Long Beach Police Department is the reporting agency. Upon recognizing the case is a CSEC in the pilot area, the hotline worker will initiate a CSEC Expedited Response. The CSEC Expedited Response includes the creation of an expedited form; cross-referencing the Probation Department's database to determine whether the child is involved with Probation; contacting and dispatching MART; contacting the Probation Department's Child Trafficking Unit (CTU). The Probation Department will give the DCFS Child Protection Hotline access to the Probation Case Management System (PCMS) so that hotline workers can cross-check incoming calls.

Procedural steps DCFS Child Protection Hotline Staff must take:

1. Obtain demographic information and allegation information.

⁹ Cal. Welf. & Inst. Code § 307.4(a).

¹⁰ Cal. Welf. & Inst. Code § 625.

¹¹ Cal. Welf. & Inst. Code § 5150 *et seq.*

2. Flag as “Sexually Exploited Child-CSEC” under Special Projects Code when triggering language is used (CSEC or Human Trafficking).
3. Determine whether case is located in Pilot Area (Proceed to steps 4 -10 if the referral falls within the Pilot Area):
 - a. Case falls within Pilot Area if:
 - i. Incident occurred in Compton or Long Beach, OR
 - ii. L.A. County Sheriff’s Department - Compton Station or Long Beach Police Department makes the referral.
 - b. If case did not come from Pilot Area, follow standard Department Response.
4. Initiate CSEC Expedited Form.
5. Cross-reference PCMS to determine whether the child has an open Welf. & Inst. Code §602 case.
6. Determine which agency to contact (Probation’s CTU or DCFS’s MART Unit).
 - a. If the child is under DCFS jurisdiction; or the child is under dual jurisdiction and DCFS is the lead agency; or the child is unknown to neither DCFS nor Probation:
 - i. Notify the MART Unit and request presence at the staging area within 90 minutes to lead the MDT.
 - ii. Send an email notification to existing social worker, if there is one.
 - b. If the child is under Probation jurisdiction or is under dual jurisdiction and Probation is the lead agency:
 - i. Notify CTU by phone and email, and request presence at the staging area within 90 minutes to lead the MDT.
7. Complete the CSEC Expedited Form.
8. Distribute the CSEC Expedited Form to responding agency (DCFS MART Unit or Probation CTU).

C. Department of Children and Family Services Multi-Agency Response Team (MART)

The Multi-Agency Response Team will serve as the DCFS investigatory body when CSEC cases are referred to the DCFS Child Protection Hotline from the Pilot Area and the child is 1) under DCFS jurisdiction, 2) under dual jurisdiction and DCFS is the lead agency, or 3) unknown to either DCFS and Probation. MART will be available 24 hours a day, 7 days a week. In addition to its investigatory role in these situations, MART will lead a multidisciplinary team (MDT) meeting to investigating allegations of child abuse, determining placement, developing an initial safety plan, scheduling medical and mental health assessment at the DHS Medical Hub, linking the child to services, etc. MART is expected to collaborate with law enforcement, the Advocacy Agency, the SODA/PAD or emergency shelter staff, the child, and parent/ guardian (if present). If the child is new to DCFS, MART will act as his or her primary social worker for the first 30 days. If the child is known to DCFS, MART will work closely with his or her primary social worker to address the child’s needs.

Procedural steps DCFS MART Social Workers must take when notified of a suspected CSEC who is 1) under DCFS jurisdiction; 2) under dual jurisdiction and DCFS is the lead agency; or 3) unknown to either Probation or DCFS:

1. Respond to the staging area (police station or hospital) within 90 minutes of being contacted by the Child Protection Hotline.
2. Immediately call the Advocacy Agency upon being contacted by the Child Protection Hotline.
3. Notify parent, guardian, or caregiver of child's location, if the law enforcement officer was unable to reach them.
4. Lead an MDT meeting at the staging area with the Advocate, law enforcement officer, child, and parent/guardian (if present).
 - a. See *Section II (A)*, entitled "*MDT Objectives*" for details on objectives to be accomplished in the MDT.
 - b. See *Section II (B)*, entitled "*General Guidelines for Multidisciplinary Team Information Sharing*" for general guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.
5. Arrange for transportation to decided upon placement (home, SODA/ PAD or emergency shelter, group home, etc.) as soon as the law enforcement officer indicates that child can be moved from the police station or hospital.
6. Initiate DCFS required assessment and investigation.
 - a. Follow standard Department Protocol.
 - b. If a decision is made to temporarily remove the child from the home and pursue a dependency petition, the worker will prepare a petition to declare the child a dependent of the court and file it within 48 hours of taking the child into custody, excluding non-judicial days.¹²
7. Ascertain whether the parent/guardian and child are willing to accept DCFS voluntary services (as part of MDT).
 - a. If yes, obtain consent from child and parent or guardian, identify needs, and initiate process.
8. Administer the Mental Health Screening Tool (MHST) before taking child to the DHS Medical Hub if there is no known prior positive MHST. Prepare a Coordinated Services Action Team (CSAT) packet to present to DMH at the Medical Hub. If the child presents as acute, call 911 or the Psychiatric Mobile Response Team (PMRT) for further assistance and evaluation.
9. Coordinate with Advocate and other applicable parties to organize a follow-up MDT.
10. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.¹³

D. Probation Department

When the DCFS Hotline determines that the identified child is 1) currently under Probation jurisdiction, or 2) under dual jurisdiction and Probation is the lead agency, it will notify the Probation Department's Child Trafficking Unit (CTU), which will be responsible for responding to calls 24 hours a day, 7 days a week. In these cases, CTU will lead a multidisciplinary team (MDT) meeting focused on, but not limited to: investigating allegations of child abuse, determining

¹² Cal. Welf. & Inst. Code §313(a).

¹³ Cal. Welf. & Inst. Code § 5150 *et seq.*

placement, developing an initial safety plan, scheduling medical and mental health assessment at the DHS Medical Hub, linking the child to services, etc. CTU is expected to collaborate with law enforcement, the Advocacy Agency, the SODA/PAD or emergency shelter staff, the child, and parent/ guardian (if present).

Procedural steps the Probation Department must take when notified of a suspected CSEC who is 1) under the jurisdiction of Probation, or 2) under dual jurisdiction and Probation is the lead agency:

1. Respond to the staging area (police station or hospital) specified by DCFS Child Protection Hotline within 90 minutes of being contacted by the Hotline.
2. Immediately contact the Advocacy Agency upon being contacted by the Child Protection Hotline.
3. Notify parent, guardian, or caregiver of child's location.
4. Lead an MDT meeting with law enforcement officer, advocate, the child, and parent/ guardian (if present).
 - a. See *Section II (A)*, entitled "*MDT Objectives*" for details on objectives to be accomplished in the MDT.
 - b. See *Section II (B)*, entitled "*General Guidelines for Multidisciplinary Team Information Sharing*" for general guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.
5. Contact DCFS MART Unit if there is any indication of neglect or child abuse.
6. If the probation officer makes a decision to take the child into temporary custody and pursue a delinquency petition, the probation officer will prepare petition to declare the child a ward of the court and file it within 48 hours of taking the child into custody, excluding non-judicial days.¹⁴
7. If the law enforcement officer has indicated that the child may fall under Welf. & Inst. Code § 601 or 602, the probation officer will immediately advise the youth and his or her parent or guardian that anything the child says can be used against him or her and shall advise them of the child's constitutional rights, including the right to remain silent, the right to have counsel present during any interrogation, and the right to have counsel appointed if he or she is unable to afford counsel. If the child or his or her parent or guardian requests counsel, the probation officer shall notify the judge of the juvenile court of such request and counsel will be appointed for the child.¹⁵
8. Arrange for transportation to decided upon placement (home, SODA/ PAD or emergency shelter, group home, etc.) as soon as the law enforcement officer indicates that child can be moved from the police station or hospital.
9. Coordinate with Advocate and other applicable parties to organize follow-up MDT.
10. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.¹⁶

¹⁴ Cal. Welf. & Inst. Code § 631(a).

¹⁵ Cal. Welf. & Inst. Code § 627.5.

¹⁶ Cal. Welf. & Inst. Code § 5150 *et seq.*

E. Advocacy Agency

The Advocate will serve as a support system to the child and help guide him or her through interactions with the various agencies the youth will encounter. The Advocate will be available 24 hours a day, 7 days a week. Upon receiving the call from either MART or CTU, the Advocate will be expected to respond within 90 minutes and ensure that the child's basic needs are met, which includes providing a change of clothes to the child at the staging area. The Advocate is responsible for engaging the child and advocating on his/her behalf by ensuring his/her voice is heard throughout the process. Services will vary case-by-case, but, at a minimum, the Advocate will conduct an initial needs assessment, participate in the MDT meeting with law enforcement and MART/CTU, provide advocacy, and remain with the child throughout the first 72 hours (if determined necessary during the MDT). Advocates will be available as the point of contact for law enforcement, for the purposes of re-interviewing the child. Advocates will also provide advocacy services for the first 90 days, which includes case management, crisis management, assistance with appointments, help navigating county systems, etc.

Procedural steps the Advocacy Agency must take:

1. Answer calls 24 hours a day, 7 days a week.
2. Respond to specified location within 90 minutes of receiving the notification call from MART or CTU.
3. Engage the child using best practice approaches.
 - a. Explain to the child what will happen next (MDT meeting, assessment at DHS Medical Hub, etc).
 - b. Provide child with youth-friendly information/materials about confidentiality during MDT meeting. Explain to child that information shared outside of the MDT can be used against the youth if he/she is involved in a delinquency or dependency case.
4. Ensure the child's basic needs are met.
 - a. Provide humanitarian bags - including a change of clothes.
5. Provide advocacy services.
6. Participate in MDT meeting at the staging area with law enforcement officer, MART/CTU, the child, and parent/guardian (if present).
 - a. See *Section II (A)*, entitled "*MDT Objectives*" for details on objectives to be accomplished in the MDT.
 - b. See *Section II (B)*, entitled "*General Guidelines for Multidisciplinary Team Information Sharing*" for general guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.
7. Remain with child for the first 72 hours.
 - a. This may include in-person supervision by several advocates at the SODA/PAD or emergency shelter during the first 72 hours or follow up the next morning at the family/caregiver's home or the child's placement (group home, foster family, etc.).
8. Coordinate the follow up MDT as the child stabilizes.
9. Provide advocacy services for the first 90 days including case management, crisis stabilization, etc.
10. Determine whether ongoing case management is necessary, and if so, make appropriate

referral.

11. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.¹⁷

F. SODA/PAD Beds/ Emergency Shelter Beds

In many cases, identified and suspected CSEC will not have a viable home or placement to return to at the point of identification. In these cases, Los Angeles County will allocate six beds for CSEC girls in the pilot area. These beds will be available 24 hours a day, 7 days a week, and will have enough space to accommodate meetings and an advocate, who will support the child throughout the first 72 hours. The Providers will receive specialized training on CSEC and their needs, and will play an active role in the MDT while the child is living in the home. The homes will have staff available to provide overnight supervision when a CSEC is present. Los Angeles County will identify a shelter for CSEC boys in the pilot area with beds that will be available 24 hours a day, 7 days a week. The staff at this shelter will also receive specialized training on CSEC and their needs. A child will be allowed to stay at the SODA/ PAD home or the shelter for 30 days, with a goal of placing them no later than 7 days from initial contact.

Procedural steps the SODA/ PAD or Emergency Shelter Bed Homeowners must take:

1. Answer calls 24 hours a day, 7 days a week.
2. Coordinate with MART/ CTU and Advocate to ensure bed is available.
3. Arrange for additional staff to provide overnight supervision when CSEC is placed in the home.
4. Create a home-like environment that fulfills child's basic needs.
5. Provide housing for up to 30 days, with the goal of finding a more permanent placement within the first week.
6. Participate in the MDT with MART/ Probation, the Advocate, and the child. The Provider will sign a written statement that he or she will not disclose any confidential information he or she receives as a result of his or her participation on the team.¹⁸
 - a. See *Section II (A)*, entitled "*MDT Objectives*" for details on objectives to be accomplished in the MDT.
 - b. See *Section II (B)*, entitled "*General Guidelines for Multidisciplinary Team Information Sharing*" for general guidance on information sharing between agencies participating in the MDT. More specific protocols will be developed for information sharing in this meeting.
7. Follow policies for temporary involuntary commitment under the Lanterman-Petris Short Act if, at any point, the child presents as a harm to him/herself or others.¹⁹

G. Department of Health Services Medical Hub

The DHS Medical Hub is charged with improving outcomes for children by conducting medical and

¹⁷ Cal. Welf. & Inst. Code § 5150 *et seq.*

¹⁸ Cal. Welf. & Inst. Code § 18964(b) ("Any caregiver or tribal representative who attends multidisciplinary personnel team meetings shall agree in writing not to disclose any confidential information he or she receives as a result of his or her participation with the team.")

¹⁹ Cal. Welf. & Inst. Code § 5150 *et seq.*

mental health evaluations and treatment. CSEC present with a variety of medical and mental health needs, and as such must be screened and assessed through the DHS Medical Hubs. The Medical Hubs are allowed to provide medical examinations to children placed into protective custody, and to those who have a case where there is an active investigation.²⁰ All identified CSEC will receive an examination and evaluation at the Hub within the first 72 hours from identification. The physicians and other medical professionals tending to these appointments will be specially trained on CSEC issues. The medical staff treating the child will obtain the child's consent for minor consent services.

The DHS Medical Hub evaluation will take place within 72 hours and will include:

1. A full medical evaluation for sexual abuse, physical abuse, emotional abuse and neglect, if one has not already been done within the previous 72 hours.
2. A comprehensive medical evaluation to screen and treat other urgent and non-urgent medical needs and to evaluate the child's overall well-being and development.
3. Mental health assessment by a licensed professional.
4. HIV post-exposure prophylaxis treatment if within 72 hours of genital-genital or genital-mouth contact.
5. Emergency contraception within 120 hours, if needed.
6. Reproductive health services, including contraception, pregnancy testing, or pregnancy-related services.
7. Testing and treatment for sexually transmitted infections and HIV.
8. Coordination with DCFS and/or Probation, and the Advocate to arrange follow-up medical treatment.

H. Department of Mental Health

The Department of Mental Health works closely with DCFS and DHS at the DHS Medical Hub. DMH staff is co-located at the Hub to triage and assess children and families, and provide them necessary referrals to mental health services as part of the DCFS Coordinated Services Action Team (CSAT) process. DMH Clinicians will play an integral role in the assessment and provision of services for CSEC as part of L.A. County's First Responder Protocol. The co-located DMH Clinicians will understand the dynamics of commercial sexual exploitation, and will be trained to effectively engage CSEC.

DMH staff will complete the following steps:

1. Upon receiving the CSAT packet from DCFS, provide service linkage to appropriate mental health services based on the MHST results.
2. Provide referral information to MART/CTU; the Advocate; the parent, guardian, or caregiver; and the child.
3. DMH will participate in follow-up MDT as necessary.
4. Coordination with DCFS and/or Probation, and the Advocate to arrange follow-up mental health treatment.

²⁰ DCFS Procedural Guide 0600-500.00.

II. Multi-Disciplinary Team

The purpose of the multidisciplinary team will be to investigate reports of suspected child abuse and neglect; to create a safety plan for the child; to identify the child's needs and begin developing a plan to connect him or her to services, regardless of the placement; and to determine a placement if the child cannot return home. The MDT will not be to gather information to develop a delinquency or criminal case against child or his or her trafficker.

A. MDT Objectives

The following items must be addressed in each MDT:

1. Deciding on a placement
 - a. Will require an initial assessment about whether home or former placement is viable.
 - b. If **MART** is leading the MDT:
 - i. Determine whether DCFS voluntary services are an option and the child can be released to his or her home.
 - ii. If the child cannot return home or to the former placement, make arrangements to transport to SODA/PAD bed (pending contract between SODA/ PAD providers and DCFS).
 - A. If the home or former placement are not viable options, the worker will immediately notify the parent, guardian or caregiver that the child is being taken into temporary custody.²¹ The worker will immediately inform the parent, guardian, or responsible relative, that the child has been taken into protective custody and that a written statement is available which explains the parent or guardian's procedural rights and provides information on the preliminary stages of the dependency investigation and hearing.²² Finally, the worker will provide the phone number for the location where the child will be placed.²³
 - iii. Follow standard Department protocol once placement decision is made.
 - c. If **Probation** is leading the MDT:
 - i. Determine whether the child can return home.
 - ii. If the child cannot return home or the former placement, make arrangements to transport to SODA/PAD bed.
 - A. Immediately notify parent or guardian that child has been taken into protective custody and provide the phone number for the location where the child will be placed.
 - iii. Follow standard Department protocol once placement decision is made.
 - d. The **Advocate** should provide input based on information learned during discussion with the child to help inform placement decisions.
 - i. The Advocate does not have the authority to make a placement decision.
2. Creating a safety plan for the child.
3. Determining the scheduling and transportation for medical and mental health assessment at

²¹ Cal. Welf. & Inst. Code §307.4(a).

²² Id.

²³ Cal. Welf. & Inst. Code §308.

DHS Medical Hub. If needed, the social worker will go to the Hub with the child (for example, if no parent or guardian will be present).

- a. The MLK Hub will provide medical evaluations for sexual abuse Monday through Friday, 8am-5pm. CSEC will be given same-day appointments for the medical evaluation if the DCFS worker speaks with the Hub clinician by 8:30am. If the child is identified by police or DCFS on an evening or during a weekend, DCFS will call the Hub by 8:30am on the next business day to discuss what time the child should be brought in that day.
4. Identifying needs and initiating referrals for services (e.g. Wraparound Services referral if child is returning home or to a home-like setting; or referral to a legal advocacy organization if child has civil legal needs, like public benefits, housing, education, etc.).
5. Notifying other key parties connected to the child.
 - a. Alert any applicable parties of child whereabouts/situation by phone or email, including, but not limited to the parties below: (next day if between 10pm-6am).
 1. Probation Officer
 2. Existing Social Worker
 3. Child's attorney (Dependency and/ or Delinquency)
 4. Court Appointed Special Advocate (CASA)
 5. Legal advocate

B. General Guidelines for Multidisciplinary Team Information Sharing

The County Agencies participating in this pilot project will enter into a Memorandum of Understanding to form a child abuse investigation multidisciplinary team under Welf. & Inst. Code § 18961.7. These guidelines reflect statutory requirements under California law. This section does not serve as a protocol for information sharing in the MDT. Before implementation, specific protocols related to how and what information can be shared, obtaining consent, and recording and storing information shared will be developed in conjunction with the County Counsel's office.²⁴

1. Notwithstanding Welf. & Inst. Code § 827 or any other provision of law, during a 30-day period, or longer if documented good cause exists, members of the MDT may disclose to and exchange with one another information, documents, or any other material that relate to any incident of child abuse that may also be designated as confidential under state law if the member of the team having that information, etc. reasonably believes it is generally relevant to the prevention, identification, or treatment of child abuse.²⁵
2. Any discussion related to the disclosure or exchange of the information or anything that is written down during a team meeting is confidential and, notwithstanding any other provision of law, testimony concerning that discussion is inadmissible in any criminal, civil, or juvenile court proceeding, including dependency and delinquency hearings.²⁶
3. Every MDT team member who receives information or records regarding children and families in his or her capacity as a member of the team shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained during the MDT will be maintained in a manner that ensures the maximum protection of

²⁴ Cal. Welf. & Inst. Code § 18961.7(e).

²⁵ Cal. Welf. & Inst. Code § 18961.7(c)(1).

²⁶ Id.

privacy and confidentiality rights.²⁷

4. If a parent, guardian or caregiver (including SODA/ PAD providers or emergency shelter staff) is present and able to participate in the MDT, that individual will sign a written statement that he or she will not disclose any confidential information he or she receives as a result of his or her participation on the team.²⁸
5. If the youth is a non-minor dependent, the MDT team may have access to confidential records only with the explicit written and informed consent of the non-minor dependent.²⁹

III. Other Response Components

A. District Attorney's First-Step Diversion Program

The District Attorney's Office recently launched the First-Step Diversion Program in Compton and Sylmar. The program is designed to divert children arrested for a prostitution or related offenses away from the juvenile justice system and connect them with specialized services. Because the First Responder Protocol will be piloted in the Compton area, some of the children that law enforcement interacts with in Compton may be eligible for the First Step Program. *See* District Attorney's Protocol for further information.

B. Multi-System Collaboration

In order to best serve CSEC in Los Angeles County, the systems and agencies that interface with these children must collaborate. Los Angeles County is currently in the process of forming a countywide task force to more closely coordinate its efforts with respect to victims of child sex trafficking.

To ensure the effectiveness of the First Responder Protocol in the Pilot Area, a County CSEC Multi-Agency Review Team will be formed. This group will meet monthly, at a minimum, to review the protocol, identify what is working well, discuss the barriers that have arisen, and develop strategies to ensure the protocol runs efficiently. It will also be responsible for submitting quarterly reports to the Board of Supervisors detailing the progress of the pilot and any additional funding requests to meet increased demand.

²⁷ Cal. Welf. & Inst. Code § 18961.7(f).

²⁸ Cal. Welf. & Inst. Code § 18964(b).

²⁹ Cal. Welf. & Inst. Code § 18964(c).

Los Angeles County Commercially Sexually Exploited Children (CSEC)
Law Enforcement First Responder Protocol

Implementation Plan Summary

In order to implement the Los Angeles County CSEC First Responder Protocol, funding for additional resources will need to be secured and each county agency will also have critical steps that will need to be completed before the protocol can be implemented. Below are some key requirements that each agency must fulfill prior to implementing the protocol:

- Creating a training curriculum designed to teach County staff about the First Responder Protocol, red flags for identifying CSEC, warning signs, engagement, etc.
- Training staff from all agencies involved in the Protocol.
- Drafting an Operational Agreement (OA) to form a multi-disciplinary team.
- Developing specific protocols related to information sharing among the partners to the OA.
- Creating specific protocols for obtaining consent for medical treatment and authorization to share information.
- Addressing logistical and jurisdictional issues (for example, out of county youth, youth who are undocumented, youth who are unknown to either system, etc.)
- Addressing logistical issues regarding provision of services to Probation youth at the DHS Hub.
- Designing materials and templates that will provide guidance to staff; e.g., a checklist for DCFS Child Protection Hotline and a template to help guide MART and Probation in leading MDTs.
- Amending contracts with the SODA/PAD providers to accommodate placement of DCFS children.
- Creation of the Multi-Agency Review Team
- Defining performance indicators to ensure we achieve our stated goal.

The following agencies each play a key role in the First Responder Protocol

- Law Enforcement (LASD – Compton Station & Long Beach PD)
- Department of Children and Family Services
- Probation Department
- Advocacy Agency
- Department of Health Services
- Department of Mental Health
- Status Offender Detention Alternative/ Probation Alternative to Detention (SODA/PAD) Providers/ Emergency Shelter Staff

Los Angeles County Commercially Sexually Exploited Children (CSEC) **Law Enforcement First Responder Protocol Implementation Plan**

In order to implement the Los Angeles County CSEC First Responder Protocol, a plan must be developed to prepare the agencies and providers who will be responsible for carrying out the response. These steps include, but are not limited to:

- Creating a training curriculum designed to teach County staff about the First Responder Protocol, red flags for identifying CSEC, warning signs, engagement, etc.
- Resolving outstanding issues; e.g., youth who are: under the influence of drugs, undocumented, from out-of-county/out-of-state, etc.
- Drafting a Memorandum of Understanding (MOU) to form a multi-disciplinary team.
- Developing specific protocols related to information sharing among the partners to the MOU.
- Developing a communication protocol among the agencies.
- Creating specific protocols for obtaining consent for medical treatment.
- Addressing logistical issues regarding provision of services to Probation youth at the DHS Hub.
- Reviewing protocol with outside entities, like Children's Law Center and dependency judges.
- Designing materials and templates that will provide guidance to staff; e.g., a checklist for DCFS Child Protection Hotline and a template to help guide MART and Probation in leading MDTs.
- Amending contracts with the SODA/PAD providers to accommodate placement of DCFS children.
- Creating child-friendly materials explaining a child's rights, the MDT process, information sharing, etc.
- Defining performance indicators to ensure we achieve our stated goal.

The protocol can be implemented once these larger issues are addressed and once funding and additional resources have been secured. Each county agency will also have critical steps that need to be completed before the protocol can be implemented. Below are some key requirements that each agency must fulfill prior to implementing the protocol:

I. Law Enforcement

A. Develop training on:

1. Signs of exploitation, red flags, warning signs, engagement, etc.
2. Interacting with victims of complex trauma and serial sexual abuse
3. Mandatory reporting law
4. First Responder Protocol
5. MDT process

- B. Train staff
- C. Design a business card reminder
 - 1. Lays out law enforcement's duties for the CSEC First Responder protocol
 - 2. Similar to the Sexual Assault Response business card
- D. Create communication protocol with:
 - 1. Probation
 - 2. MART
 - 3. Advocate
 - 4. DHS Medical Hub
 - 5. Special Task Force Operations
- E. Negotiate and approve MOU between agencies
- F. Work with Probation and DCFS to develop address jurisdictional issues (youth who are out-of-county, undocumented, etc.)

II. Department of Children and Family Services

- A. Develop training for Hotline and MART Units on:
 - 1. Signs of exploitation, red flags, warning signs, engagement, etc.
 - 2. First Responder Protocol
 - 3. Probation Database
 - 4. MDT process (for MART Unit only)
 - 5. DHS Hub Protocol - CSEC Scheduling (for MART Unit only)
- B. Train staff
- C. Create communication protocol
 - 1. Probation
 - 2. MART
 - 3. Advocate
- D. Create CSEC Expedited Response Checklist to ensure fidelity to the protocol.
- E. Work with Probation to identify an Advocacy Agency to provide services and develop a sole source contract/purchase order for services.
- F. Negotiate and approve MOU between agencies
- G. Work with County Counsel to develop protocols for information sharing and obtaining consent.
- H. Engage current shelter programs for overflow in Pilot Area and develop contract for services.
- I. Create MDT template/checklist
- J. Work with law enforcement and Probation to develop address jurisdictional issues (youth who are out-of-county, undocumented, etc.)

III. Probation Department

- A. Develop training on:
 - 1. Signs of exploitation, red flags, warning signs, engagement, etc.
 - 2. First Responder Protocol
 - 3. MDT process
 - 4. DHS Hub Protocols
- B. Train staff
- C. Work with DCFS to identify an Advocacy Agency to provide services and develop a sole source contract/purchase order for services.
- D. Create "Google" voice number for Hotline to call (line will be open 24/7)
- E. Negotiate and approve MOU between agencies
- F. Work with County Counsel to develop protocols for information sharing and obtaining consent.
- G. Recruit SODA/PAD Foster Homes
- H. Engage current shelter programs for overflow in Pilot Area and develop contract for services
- I. Amend current SODA/PAD bed contract to include:
 - 1. Added overnight staff
 - 2. MDT participation
 - 3. Training requirements
 - 4. DCFS placement
- J. Develop protocols related to provision of medical and mental health services for youth who are held in custody at detention facility.
- K. Work with law enforcement and DCFS to develop address jurisdictional issues (youth who are out-of-county, undocumented, etc.)

IV. Advocacy Agency

- A. Develop training on:
 - 1. First Responder Protocol
 - 2. MDT process
 - 3. DHS Hub Protocols
- B. Train staff
- C. Create Needs Assessment to complete with children in the CSEC pilot
- D. Coordinate supply of humanitarian bags

V. SODA/PAD Provider & Emergency/Shelter Beds

- A. SODA/PAD providers, overnight staff, Emergency Shelters (for overflow and boys) will receive training on:

1. Signs of exploitation, red flags, warning signs, etc.
2. Engagement
3. First Responder Protocol
4. MDT Process

VI. Department of Health Services Medical Hub

- A. Develop training on:
 1. Signs of exploitation, red flags, warning signs, engagement, etc.
 2. First Responder Protocol
- B. Create new CSEC appointment type in Medical Hub appointment scheduling system, and train DCFS MART staff to indicate CSEC referral in “reason for referral” box on the referral form.
- C. Develop communication plan to accommodate scheduling and prioritizing CSEC within 72 hours.
- D. Work with Probation to ensure that Probation youth who are seen at DHS can receive necessary medical assessment and treatment.
- E. Work with County Counsel to develop protocols for information sharing and obtaining consent.

VII. Department of Mental Health

- A. Develop training on:
 1. Identifying, assessing, and clinically treating CSEC.
 2. Coordinating efforts amongst providers and multidisciplinary teams to provide a full array of services based on the client’s mental health needs.
 3. First Responder Protocol.
- B. Work with Probation to ensure that Probation youth who are seen at DHS can be assessed for mental health needs.
- C. Work with County Counsel to develop protocols for information sharing and obtaining consent.

VIII. County Counsel

- A. Work with DCFS, Probation, DHS, and DMH protocols related to consent for medical treatment.
- B. Work with DCFS, Probation, DHS, and DMH to develop protocols for information sharing and obtaining consent.

IX. Multi-Agency Collaboration

- A. Develop Memorandum of Understanding between all of the agencies to create a multi-disciplinary team
- B. Develop specific protocols for information sharing and obtaining consent for medical and mental health treatment. Activities include, but are not limited to:
 - 1. Identifying the tools available for sharing of information (federal/ state law, standing orders, existing MOUs, etc.).
 - 2. Identifying what and with whom information needs to be shared, how information is currently collected and stored, etc.
 - 3. Identifying how consent is currently obtained from parent or guardian and youth.
 - 4. Determining what policies/ procedures must be created to allow for information sharing and obtaining consent.
- C. Define parameters to measure outcomes and effectiveness of the Protocol.
- D. Form CSEC Multi-Agency Review Team
 - 1. Assemble team
 - 2. Arrange monthly meetings for case review.
 - 3. Organize agenda structure for monthly meetings in order to discuss new cases, assess the effectiveness of the protocol, identify challenges and barriers, implement any necessary changes to the protocol, and continually evaluate the sufficiency of resources.
 - 4. Develop template for semi-annual Board Report describing the progress, proposing expansions of the protocol, and requesting additional resources to accommodate the demand.